

# Provider's Name

# INVOICE

Providers Address  
 Providers city, state zip  
 Providers phone number

**DATE:**  
**INVOICE #:**  
**For Services provide**     *Date x thru Date Y*

**Bill To:**  
 Shelby County Drug Court  
 201 Poplar  
 Memphis, TN 38103  
 LL-56

DESCRIPTION	AMOUNT
(Month) (Year) Services: See Attachments	
Phase 1 Groups	\$0
Phase 2 Groups	\$0
Phase 3 Groups	\$0
UDS	\$0
I certify to the best of my knowledge that this invoice is correct.	
Providers financial Director's name	
Financial Director	
<b>TOTAL</b>	<b>\$ -</b>

**Make all checks payable to (Treatment Provider's Name, address, city, state zip)**  
**If you have any questions concerning this invoice, contact (Financial Director)**  
**at (phone number) or via email (email address)**